

# Heritage Lifecare Limited - Colwyn House

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Heritage Lifecare Limited

**Premises audited:** Colwyn House

**Services audited:** Hospital services - Psychogeriatric services; Dementia care

**Dates of audit:** Start date: 19 August 2025 End date: 20 August 2025

**Proposed changes to current services (if any):** Colwyn discontinued the provision of hospital services – medical and hospital services – geriatric in October 2024.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 69

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Colwyn House is certified to provide secure dementia and psychogeriatric care services for up to 73 residents. The service is owned and operated by Heritage Lifecare (BPA) Limited. The service has discontinued the provision of hospital services (medical and geriatric) since the previous (certification) audit.

This surveillance audit process was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand. It included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, governance, staff, the Older Persons Mental Health Service registered nurse, and a general practitioner.

The facility is managed by an experienced manager supported by an experienced clinical services manager; both are registered nurses and have clinical oversight of the facility. Residents and whānau interviewed were complimentary about the care provided.

The corrective actions required from the previous audit have been addressed, with improvements made to the provision of staff education and competency assessments. As a result of this audit, an improvement is required in relation to the provision of services in the absence of certification for that service.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Colwyn House provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Colwyn House worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by the whānau of Māori residents and staff interviewed.

There were residents who identified with a Pacific community at Colwyn House. They, and their whānau, confirmed that they were provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. The needs of tāngata whaikaha were responded to, including their participation in te ao Māori. There was evidence that residents and their whānau were kept well informed.

Concerns and complaints were addressed promptly and effectively in collaboration with all parties involved. There are four open complaints received via the Health and Disability Commissioner; investigations are ongoing. There are also three Coroner's enquiries; two remain open and one has been closed with no areas of concern identified.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care, and these are supported at governance level. Residents and whānau provide regular feedback, and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Staff are orientated to the service. A systematic approach to identify and deliver ongoing competency and learning supports safe and equitable service delivery. Regular performance reviews are implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When residents were admitted to Colwyn House, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau. Meaningful partnerships with Māori communities or organisations to benefit Māori individuals and whānau have been developed.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau, and they were evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities.

There have been no changes to the building or evacuation planning since the previous audit.

## **Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship**

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body, care home manager, and the infection prevention nurse at Colwyn House ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service.

The infection prevention and antimicrobial stewardship programme was adequately resourced. The experienced and trained infection prevention nurse led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken, with follow-up action implemented as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator, who is a registered nurse, manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Colwyn House (Colwyn) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There were residents who identified as Māori in the service during the audit; whānau interviewed confirmed that culturally appropriate care was being delivered, and that mana motuhake (self-determination) was respected.</p> <p>Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. A Māori health plan has been developed with input from cultural advisors, and this is used for residents who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>Colwyn identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Fonofale model of care is available for the use of residents who identify with Pacific communities. There were a number of residents who identified with a Pacific community in the facility during the audit; whānau interviewed confirmed that culturally appropriate care was being delivered.</p>

Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed at Colwyn demonstrated a clear understanding of the requirements outlined in the Code of Health and Disability Services Consumers' Rights (the Code) and were observed providing support to residents in a manner that respected and upheld their individual preferences. Formal training on the Code was delivered to staff in 2025.</p> <p>Residents and whānau interviewed confirmed they had been informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). They reported being given opportunities to discuss and clarify their rights. Posters outlining the Code, available in English, te reo Māori, and New Zealand Sign Language (NZSL), were displayed throughout the facility. Additionally, brochures on the Code and the Advocacy Service were accessible in the main entrance area.</p> <p>A representative from the Health and Disability Advocacy Service attends resident and whānau meetings every three months to raise awareness of the Advocacy Service's role and to provide further information regarding the Code.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Colwyn included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Staff understood the service's policies and procedures and knew what to do should there be any signs of behaviour that could negatively impact on residents and/or their whānau. Staff followed a code of conduct and understood the principles of maintaining professional boundaries.</p> <p>Residents and their Enduring Power of Attorney (EPOA)/whānau reported that their property and finances were protected. All valuables were photographed on entry to the service.</p> <p>Residents and whānau expressed satisfaction with the care being provided at Colwyn. Staff were observed to interact with residents in a respectful, responsive, and pleasant manner.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents (to the level of their ability) and/or their EPOA were provided with the information necessary to make informed decisions. They reported feeling empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided.</p> <p>Advance care planning, establishing, and documenting of EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>All resident files reviewed contained either an activated EPOA or a Protection of Personnel Property Rights (PPPR) document in place, with a specialist's authorisation for the resident's placement in one of the three secure areas of the facility.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. The CHM confirmed that culturally appropriate processes were available to support Māori complainants, including the use of hui, appropriate tikanga, and/or communication in te reo Māori where appropriate. Complaints forms are available in English and te reo Māori. Residents and whānau interviewed reported that they were aware of their right to make a complaint and knew how to do so.</p> <p>There had been 13 complaints received by the service since the last (certification) audit. All complaints had documentation to evidence that the complaints had been investigated and that the complainant had been informed of the outcome of their complaint. Complainants were also advised of their options if they were not satisfied with the outcome of the complaint and wished to further their complaint to the Office of the Health and Disability Commissioner.</p> <p>Colwyn currently has four open complaints received via the Office of the</p>

		<p>Health and Disability Commissioner; one is historic and was open at the last (certification) audit, and two are newly received. Colwyn has responded to all requests for information from the Commissioner as required. No complaints have been received from other external sources.</p> <p>In addition, three coroner’s enquiries received in 2022 and 2023 were open at the last (certification) audit. Colwyn has responded to all coroner requests for information. Of these, one enquiry has since been closed, with the coroner raising no concerns regarding the care or treatment provided to the resident. Two enquiries remain ongoing.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. A strategic plan is in place which outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Each facility has its own business plan for its services, and Colwyn’s plan was sighted during the audit. The business plan sets out the facility’s goals over the duration of the plan and is reviewed quarterly.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service reflects a person-centred and whānau-centred approach to care. The service is managed by a CHM, who is a registered nurse (RN), with the assistance of a clinical services manager (CSMs), who is also a RN; both oversee the clinical services being provided at Colwyn.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Colwyn. Internal data collection (e.g., adverse events, infections, audits, and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) conducted. Feedback is made to the clinical governance group and to the board.</p> <p>Ethnicity data is collected to support equitable service delivery. Equity for Māori, people from a Pacific community, and tāngata whaikaha is addressed</p>

		<p>through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, complaints, and infection prevention and control). Colwyn utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The service currently holds contracts with Te Whatu Ora – Health New Zealand (Te Whatu Ora) for age-related residential care (ARRC) for secure dementia care, and secure psychogeriatric care, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and day care. Sixty-nine (69) residents were receiving services on the day of audit: 26 at dementia-level care (including one receiving respite services), and 42 at psychogeriatric-level care (two under LTS-CHC contracts). The service changed its service provision with the removal of hospital medical and geriatric services in October 2024; however, one resident who is assessed as requiring hospital-level care remains in the service (refer criterion 2.1.1). There were no residents in the day care programme during the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Trends are graphed and displayed on notice boards in public and staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements, and were current.</p> <p>The CHM and CSM understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements, and were current. A Māori health plan guides care for Māori.</p> <p>Residents (dependent on their communication ability), whānau and staff</p>

		<p>contribute to quality improvement through the ability to give feedback at meetings and in surveys. Whānau of residents have meetings facilitated by the facility and through an independent advocate. Satisfaction surveys are completed. The survey completed in 2025 had a response rate of 39%. Results were just below the benchmark for the HLL organisation. In response to this, Colwyn has developed corrective action plans to address areas of the dissatisfaction. Corrective actions have been discussed at resident meetings, independent advocate and whānau meetings, and information on the corrective action taking place is available on resident/whānau notice boards in the facility. Despite the results from the survey, residents and whānau interviewed reported an elevated level of satisfaction with the service.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. Since the previous (certification) audit, a total of 135 Section 31 notifications to HealthCert (at the Ministry of Health) have been sent. Four related to residents absconding: one due to an infection outbreak, one following an adverse event, and one due to property damage. The remaining 128 notifications, representing a decrease compared to the previous (certification) audit, were associated with residents' behaviour that challenges. Notably, 49 incidents resulted in two or more Section 31 notifications, accounting for 98 of the 128 behaviour-related notifications. The service is aware of reporting requirements to the Health Quality &amp; Safety Commission (Te Tāhū Hauora) for all Severity Assessment Code (SAC) reporting of SAC 1 and SAC 2 incidents, as well as pressure injury at stage 3 and above. Since the last (certification) audit, eleven notifications have been made to Te Tāhū Hauora, including nine related to fractures following falls and five related to pressure injuries (one of which was not facility-acquired).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents, including one-to-one supervision when this is required. A multidisciplinary team (MDT) approach ensures all aspects of</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents (dependent on their cognition) and whānau interviewed supported timely response to requests for assistance.</p> <p>The service is managed by the CHM, supported by the CSM; both are experienced RNs. There are RNs on duty 24 hours per day/seven days per week (24/7), and there is a first aid certified staff member on duty 24/7. Job/role descriptions are in place for all positions; these specify the requirements for the position and key performance indicators (KPIs) to assess performance.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements; the programme has been delivered to the schedule with good attendance, addressing a finding from the previous (certification) audit. Related competencies are assessed and documented, and support equitable service delivery; this also addresses a finding from the previous (certification) audit.</p> <p>Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora to work in the secure dementia and psychogeriatric areas of the service. Care staff working have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Nineteen (19) staff have completed the required qualifications, and, with the exception of five new staff, the remainder have been enrolled in the programme.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation, and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint, infection prevention and control (IPC), or health and safety portfolio. Ethnicity data is recorded and used in line with health information standards. Staff information is secure, and accessible only to those authorised to use it.</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>A sample of nine staff records were reviewed; all evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Qualifications were validated prior to employment; thereafter, a register of annual practising certificates (APCs) is maintained for registered and enrolled health professionals.</p> <p>Orientation is comprehensive and covers the most essential components of the service (including safety competencies). Staff interviewed reported feeling supported during orientation and ready to take on their role once the orientation was completed.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they were involved in the performance appraisal process; they were able to set goals for themselves, and reaching these was supported by the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Colwyn worked in partnership with the resident and their whānau to support the resident's wellbeing. Eight residents' files were reviewed: six residents receiving specialist psychogeriatric hospital-level services files and two secure dementia care files. These files included residents who identify as Māori, align with a Pacific community, had a number of chronic health conditions, had a pressure injury, were receiving hospital level care, were receiving respite care, had recently required transfer to an acute facility, were recently admitted, and residents who were smokers.</p> <p>Files reviewed verified that the RN documented a plan of care for the resident following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Residents' care plans described their current abilities, and identified needs and personal preferences, including habits and routines. The plans included prevention-based strategies for minimising episodes of</p>

		<p>challenging behaviour and described how the behaviour of residents was best managed over the 24-hour period. Behaviour assessments and behaviour management plans identified triggers to the behaviours and strategies to minimise or manage these. The risks associated with aggressive or confused states were identified, and strategies to minimise or manage these were documented.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and their whānau participated in the service's development, delivered services that gave choice and control over care and support activities, and removed barriers that prevented access to information. A resident previously admitted for secure dementia care services had been reassessed to hospital-level care; a service Colwyn no longer provides (refer criterion 2.1.1). The resident is awaiting an urgent reassessment.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents (dependent on their cognition) and their whānau confirmed involvement in the process, including for residents with a disability. This was verified by reviewing documentation, sampling residents' records, from interviews, including with the GP, the Older Persons Mental Health (OPMH) visiting nurse specialist, and from observation.</p> <p>An interview with the GP evidenced a high degree of satisfaction with the care provided by Colwyn, often in challenging circumstances. They reported that staff at Colwyn were effective in managing challenging behaviours using de-escalation strategies, and that there were minimal requests for the use of pro re nata (PRN – as required) medications to manage behaviours. All requests were complied with, and requests for advice were appropriate.</p> <p>Nearly all of the interviews with eight other whānau found they were very complimentary of the care being provided by Colwyn. Whānau reported being kept well informed and that staff were pleasant and helpful, and management was approachable and responsive.</p>
Subsection 3.4: My medication	FA	The medication management policy at Colwyn was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medicine management using an electronic system was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they managed.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not in use at Colwyn.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>There were no residents in Colwyn at the time of audit who were self-administering medications. Processes were in place for the self-administration of medication to be facilitated and managed safely, when residents' conditions enabled this to occur. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Colwyn was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in November 2024. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 19 April 2024. No areas requiring corrective action were identified, or corrective actions identified during the audit have been addressed, and the plan was verified for 18 months. The plan was booked for re-audit in the week of 24 August 2025.</p>

		Snacks and drinks are available to residents 24 hours a day throughout the facility; staff discussed making these available to residents who were unsettled.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	Transfer or discharge from Colwyn was planned and managed safely to include current needs and mitigate risk. Whānau or a staff escort from Colwyn accompanies the resident during the transfer. The plan is developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred reported that they were kept well informed throughout the process.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, physically accessible for people with a disability, culturally appropriate, and that they meet legislative requirements. All care areas within the facility are secure, with 'fob' or 'pin pad' access/egress. There are secure external spaces readily available for residents to enjoy.</p> <p>The building has a building warrant of fitness which expires on 28 February 2026. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits. There have been no changes to the facility buildings since the previous audit.</p>
Subsection 5.2: The infection prevention programme and implementation	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>system, and are reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Colwyn undertook surveillance of infections appropriate to that recommended for long-term care facilities and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Data collected included ethnicity data.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and the governing body, and shared with staff.</p> <p>A summary report for a recent infection outbreak in June 2025 was reviewed; it demonstrated a thorough process for investigation and follow-up, and learnings from the event have now been incorporated into practice.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities, and Colwyn is restraint-free. Restraint has not been used in the facility since 2022, and no restraint use was sighted during the audit. A restraint coordinator who is a RN has oversight of the restraint process.</p> <p>There are strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level, and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p>

		<p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2024 education programme, and this is included in the 2025 programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency).</p>
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## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.1</p> <p>Governance bodies shall ensure compliance with legislative, contractual, and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government.</p>	PA Low	<p>One resident within the service had been assessed as requiring hospital-level care; they are fully dependent on staff for all aspects of care and are immobile. This resident had initially been assessed as requiring secure dementia care services, but was reassessed as needing hospital-level care in October 2023.</p> <p>In October 2024, the Ministry of Health (Manatū Hauora) approved the removal of hospital-level services from the facility. However, the specific care status of this resident was inadvertently overlooked by Colwyn. As the facility operates solely within a secure (locked) environment, all admissions must be supported by both a Needs Assessment and Service Coordination (NASC) assessment and a specialist’s authorisation for secure care—</p>	<p>There is a resident at Colwyn who is being cared for in a secure environment without the appropriate authorisations in place to support this level of care.</p>	<p>Provide evidence that appropriate action has been taken with respect to a resident who does not have appropriate authorisations to be cared for in a secure environment.</p> <p>90 days</p>

		<p>neither of which is currently held for this resident.</p> <p>This matter was identified during the audit. On identification, the CHM and CSM immediately contacted Te Whatu Ora to inform them of the situation. In response, an urgent NASC assessment has been initiated. The outcome of this assessment will guide further action to ensure compliance with regulatory requirements and the provision of appropriate care.</p> <p>Despite the discrepancy, it was noted that the resident was receiving care that aligned with their assessed needs. The resident's whānau have expressed satisfaction with the quality of care being provided and have requested that the resident remain at the facility, pending formal assessment outcomes.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display
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End of the report.